

Charge Code Number -

**SAN BERNARDINO COUNTY RECORDER**  
**REQUESTS FOR NEW ACCOUNT/CHANGE OF EXISTING ACCOUNT**

New Account ☐

Change an existing account ☐

(Company Name)		(Mailing Address)	
(City)		(State)	(Zip)
(County Manager)		(Phone Number)	
E-mail address			
(Contact Person)		(Phone Number)	
E-mail address			
Type of document(s)			
<b>Title Service Company - Will a title service company be used?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please complete the fields below)			
(Title Service Company Name)		(Mailing Address)	
(City)		(State)	(Zip)
<b>Authorized User(s) of account</b> (attach a separate sheet if additional space is needed.)			
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
Add <input type="checkbox"/>	Delete <input type="checkbox"/>	(Name)	(Phone Number)
<b>Billing Information</b> (name and address of who is responsible for paying the account)			
(Name)		(Mailing Address)	
(City)		(State)	(Zip)
E-mail address			
<b>Confirmation E-mail Address</b>			
E-mail address #1		E-mail address #2	

I understand that a \$100.00 fee is required at the time an account is requested and that a \$10.00 fee is charged for each change made to an existing account. Check is to be made payable to San Bernardino County Recorder.

I understand it is the sole responsibility of the title company to notify the Recorder's Office of any changes being made to this account. Any changes are to be made in writing using a new Request Form and must be signed by the County Manager.

I hereby agree to and accept the County Recorder's established procedures for setting up an account and any modifications to that account.

\_\_\_\_\_  
(County Manager's Signature)

\_\_\_\_\_  
(Date)

Please mail request and payment to:

San Bernardino County Recorder (1<sup>st</sup> floor)  
Attn: Accounts Receivable  
222 W. Hospitality Lane  
San Bernardino, CA 92415-0022

If you have any questions you may contact De Ana Thompson at (909) 386-8924

*(This area is reserved for Recorder's use only)*

**APPROVED BY:**

\_\_\_\_\_  
Chief Deputy Recorder Date: \_\_\_\_\_

**ASSIGNED BY:**

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_ Charge Code # \_\_\_\_\_  
Check Number \_\_\_\_\_ Amount \_\_\_\_\_

**CONFIRMATION E-MAIL SET-UP**

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_